The Justice and Mental Health Collaboration Program

An Interagency Approach to Reducing the Number of Alabamians with Mental Illness in the Criminal Justice System

A Statement of the Problem

- 26 mental health centers serve adults with serious mental illness (SMI) and youth with serious emotional disturbance (SED) in Alabama's 67 counties.

- Estimates for Alabama based on national prevalence rates:
  - Between 135,000 and 226,000 SMI adults
  - Between 125,616 and 163,301 SED youth

Statement of the Problem (cont'd)

- Alabama DMHMR currently serves:
  - 1,076 adults in four state-operated hospitals
  - Approx. 100,000 adults and 29,000 children via CMHCs
- Shifting patterns in the configuration of state-licensed private psychiatric beds:
  - 2000: 68% licensed beds for adults and children
  - 2005: 62% licensed beds for adults and children
  - 2000-2005: 69% increase in gero-psychiatric beds
- Admissions to state-operated psychiatric hospitals from probate courts increased 39% over past five years

Statement of the Problem (cont'd)

- Limited funds means CMHCs must maintain long waiting lists for services
- CMHC inability to meet demand for services means correctional facilities have become the de facto secondary mental health system
- State correctional facilities extremely overcrowded AND have large numbers of SMI inmates.

YOUTH IN THE JUVENILE JUSTICE SYSTEM

- No centralized agency to provide coordinated multi-service delivery; fragmented and disjointed
- Intersection of public and private mental health systems problematic for families and providers
- Additional issues with rural service delivery:
  - lack of providers
  - lack of transportation resources
  - lack of workforce; low salaries prohibitive
  - community leadership

Youth in the Juvenile Justice System (cont'd)

- Between 50% and 75% of youth diagnosed with mental disorders are in public and private juvenile justice facilities (NASMHPD, 2001).

- In 2005, Alabama juvenile courts served 53,104 youths in juvenile and family courts.

- Out of 53,104 youth served, between 5,310 and 6,903 had SED.

What does this mean for LOCAL JAILS?

- Overcrowding in state prisons = serious backlog of state inmates in county jails (currently approx. 700)

- Failure of state to curb overcrowding violates 2003 federal court order

- Unable to hire sufficient staff for:
  - Diversion activities
  - Mental health treatment
  - No specialty pharmacy programs = higher costs for meds and tendency to use older, less effective meds

What does this mean for CORRECTIONS?

- Increased recidivism rates due to:
  - No aftercare or follow-up
  - Limited access to employment and housing
  - Vicitmization (victim/perpetrator)
- Excessively high case loads for probation & parole officers.
- Current resource limitations mean:
  - little to no follow up
  - no systems linkages to facilitate coordination of services and/or follow-up
  - little to no discharge planning

What does this mean for SOCIAL SERVICES?

- Lack of systems linkages most acute problem
- Difficulty in planning for appropriate services due to lack of timely, accurate information
- High caseloads for social workers and other staff
- SMI population often requires more follow-up for medical issues

What does this mean for YOUTH SERVICES?

- Difficulty in coordinating service delivery at systems level – overlapping target population with different value systems, goals and objectives:
  - Juvenile justice system
  - Mental health system
  - Education
  - Child welfare agencies

What does this mean to YOUTH SERVICES? (cont'd)

- 3,157 youths were committed to DYS in 2005.
- DYS not a treatment agency and lacks the staff, expertise, funding and training to handle SED youth.
- Lack of resources and post communication among agencies = inadequate follow-up and aftercare
- Juvenile probation officers functioning as de facto social workers, but get little support from CMHCs and school systems to facilitate aftercare and follow up

The Steering Committee

- The Steering Committee is composed of representatives from:
  - Alabama Department of Mental Health & Mental Retardation (DMHMR)
  - Alabama Administrative Office of the Courts (AOC)
  - Alabama Department of Corrections (DOC)
  - Alabama Board of Pardons & Paroles (P&P)
  - Alabama Department of Youth Services (DYS)
  - Two representatives –one from each subcommittee -- chosen by members of the taskforce

Cross Agency Collaboration

- The cross agency collaboration will develop a comprehensive state plan to reduce recidivism amongst youth diagnosed with serious emotional disturbance and adults diagnosed with serious mental illness in the criminal justice system.
- The Goal: to reduce recidivism among target populations

About the Grant

- Justice & Mental Health Collaboration Program (JMHCP) was created by the Mentally Ill Offender Treatment and Crime Reduction Act of 2004 (P.L. 108-414)
- State governments wanted improvements to the criminal justice system's response to people with mental illness.
- Purpose of program:
  - Increase public safety
  - Facilitate collaboration among criminal justice, juvenile justice, mental health treatment and substance abuse systems
  - Increase access to treatment for this target population
  - Reduce recidivism among target population
  - Reduce overrepresentation of target population in criminal justice system

Goals of the Program

- Protect public safety by early intervention
- Develop strategies to address learning disabilities and/or documented history of physical and/or sexual abuse
- Provide courts with appropriate MH and SA treatment options
- Maximize use of diversion from prosecution and use of alternative sentences through use of diversion through the use of graduated sanctions for nonviolent SMI offenders.
- Promote adequate training for CJ personnel about SMI and SA disorders and the appropriate response to such inmates
- Promote adequate training for MH and SA treatment personnel about criminal offenders with mental illness or co-occurring SA disorders and the appropriate response to such offenders in the CJ system.
- Promote communication among all agencies serving nonviolent SMI offenders
- Promote intergovernmental collaboration at all levels of government

Category I: Planning

- Category I grantees will design a strategic, collaborative plan to initiate systems change for the identification and treatment of offenders with SMI.

- Support should be representing all levels of government, justice, MH, treatment services, transportation, housing, advocates, consumers, and family members.

- Ultimate goal: Point-of-entry identification (or identification at earliest point possible) while promoting public safety.

The Planning Project

- Hire Project Coordinator to:
  - develop and coordinate cross systems TF
  - conduct needs assessment and gap analysis
  - Set deadlines
  - Conduct evaluations
- Interagency TF (Juvenile & Criminal Justice):
  - Assess current MH, CJ and JJ systems
  - Develop strategies to address system gaps for target population
  - Review comprehensive needs assessment
  - Review evaluations & recommend changes to existing service delivery systems, if needed
- Needs Assessment
  - Systems gap analysis by Project Coordinator
  - Identification of priorities and importance
  - Identification of causes of service gaps
  - Identification of possible solutions and growth opportunities

The Planning Project (cont'd)

- **Design for Policy & Program Development**
  - Review current agency policies and programs and identify areas for improvement
  - Review of model programs that have outcome measures of success

- **Develop Cross Systems Strategic Plan**
  - Include goals, action plans, tactics, an interagency SWOT analysis, emergent strategies and

The Taskforce

- Will meet every six weeks for a work session
- Subcommittees will meet once each month.
- Each subcommittee will select one representative for service on the steering committee and to report to the taskforce on subcommittee activities.
- Will receive regular e-mail updates and documents for the TF binder from the Project Coordinator

Taskforce Binders

- Information clearinghouse for TF members
- Contain the following sections:
  - **Administrative Tab** contains contact information for TF members, subcommittee rosters and responsibilities, task timeline with deadlines, and copies of relevant grant and/or project documents
  - **Meetings Tab** is for meeting agendas, minutes, PowerPoint slides, subcommittee reports, status reports, etc.
  - **Needs Assessment Tab** will contain systems gap analysis for each participating agency, prioritization of goals and objectives, information on evidence-based practices and existing model programs, and policy and planning review and evaluation.
  - **Cross Systems Strategic Plan Tab** will contain draft elements of the strategic plan, the finalized document and evaluations
- All TF members and both subcommittees will have a listserv to facilitate a system of updates and additions to the binder. Documents will be sent to TF members on a regular basis and prior to TF and/or subcommittee meetings.

The Needs Assessment Process (Rhoda & Kusy, 1995)

1.) The systems gap analysis

2.) Identification of priorities and importance

3.) Identification of the cause/causes of service gaps

4.) Identification of possible solutions and growth opportunities

Systems Gap Analysis

- A comprehensive review of current agency goals, internal and external constraints, and necessary conditions for systems improvement
- Evaluations conducted with CJ, JJ and MH professionals, families of SMI and SED offenders and consumers involved with the CJ system to assess:
  - Current satisfaction
  - Recommendations for improvement regarding treatment and follow-up for target offenders released from state facilities
  - Communication between MH and justice agencies with POs/JPOs regarding discharge planning and follow-up
  - Communication among agencies and family members and consumers
  - MH training needs for CJ staff and knowledge of community MH resources and support groups for family members and consumers

Systems Gap Analysis (cont'd)

- Reviewing current communication procedures to assess discharge planning and follow-up is communicated and coordinated among CJ, JJ and MH agencies.
- Information systems and database analysis will include reviewing current agency information systems and data collections processes, as well as comparisons of client population and performance measures.
- Current access to MH treatment services at both state and local level will be reviewed, along with current discharge plans and recommendations to improve access to meds, counseling and supports, to determine gaps in services for target population leaving facilities and moving into the community.
- Review of current knowledge of MH resources by CJ professionals, including assessing training programs.

THE TASK AT HAND…

- Designate subcommittee membership
- Break out into subcommittees for a short work session
- Begin work on the needs assessment by discussing timelines, deadlines and designating responsibilities for systems gap analysis
- Set next TF meeting for 2nd week in July
- Set subcommittee meetings for 3rd week in June